

DIVISION OF DEVELOPMENTAL DISABILITIES
PLAN OF CARE AMENDMENT

NAME:				DDD NUMBER:	
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Needs Assessment Number _____					
What steps must be taken and/or what services/supports need to be in place to meet this need?	Provider/ Responsible person?	Check if Waiver Funded Service	Frequency? Daily/Wkly/Mthly Quantity: Hrs/Days/Mths	If new, what is the start date?	Prior approval received if needed

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I have participated in the development of and/or reviewed this individual Plan of Care and AGREE to the services and supports described.					
WAIVER PARTICIPANT				DATE	
LEGAL REPRESENTATIVE				DATE	
CASE/RESOURCE MANAGER				DATE	

**DDD PLAN OF CARE AMENDMENT
REQUEST FOR APPEAL HEARING**
per Chapter 388-02 for DSHS fair hearing rules.

FOR AGENCY USE ONLY

☐ Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

MAIL TO: OFFICE OF ADMINISTRATIVE HEARINGS (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAX: 360-586-6563

I request a hearing because I disagree with the following decision by the Department of Social and Health Services (DSHS):

- Explain briefly what DSHS did or did not do (add pages if you need more room); and
- Attach a copy of the notice you are appealing, if possible.

YOUR NAME (PLEASE PRINT)			DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS OF PERSON REQUESTING HEARING			CLIENT ID NUMBER	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)	
			<input type="checkbox"/> MESSAGE PHONE	

I was notified of the decision on: _____ **by:** _____
DATE DSHS OFFICE NAME AND LOCATION

I want continued assistance, if I am eligible: ☐ Yes ☐ No **Program:** _____

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME		ORGANIZATION	TELEPHONE NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP CODE

☐ I authorize release of information about my hearing to my representative.

YOUR SIGNATURE	DATE
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Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? _____

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing, follow the instructions in the Notice of Hearing that will be mailed to you by OAH.